

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">30</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">29</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 1 Hacker Way			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.36</div>		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.6462		
Purpose of Expenditure Ads		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">29</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1120.36</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px;">01</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60493.39</div>		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6453		
Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/26		Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px;">01</div> / <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">61613.75</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">60513.75</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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D D D

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Y Y Y Y Y Y

10

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27

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2016

Signature